FINAL Report

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

			·			
April a, 2015	2. NAMEOFCO	MMITTEE ON C	ne Tenne	see Inc.		
2 SHORT NAME OF COMMITTEE (IF APPLIC	On e					
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone		
50 Vantage Wart	102 Nas	hville TN	37278 le	15/345-0952		
Amendment	4/					
5.A. NAME OF POLITICAL TREASURER	os la			TEAPPOINTED		
6. CATEGORY OR REPORT (Check one)	piurs			1,2014/		
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH R QUARTER	PRE- REFERENDUM	L_ MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL		
7 A BEGINNING DATE OF REPORTING PERIOD		7. B. ENDING DATE OF F	EPORTING PERIOD	JOI I CEMENTAL		
8 (Check one)	0/5	March	31,2015			
A This committee is exempt from del expenditures total \$1,000 or less for is true and that the committee has and 10f must also be completed.)	or this reporting period	d. I do solemnly swear or a	affirm that the information c	ontained in this statement		
This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act						
	Banba	Signature of political trea	Surer	4/17/15		
9 WITNESS SIGNATURE	0					
	any	signature of witness	uno	4/17/16 date		
10. SUMMARY			25000	70		
a BALANCE ON HAND LAST REPORT	III ii	(4)	s 35,025	10		
b TOTAL RECEIPTS THIS PERIOD				-		
c TOTAL DISBURSEMENTS THIS PERIO	D		:35,023	5,70		
d BALANCE ON HAND (10 a plus 10 b	minus 10.c.)	Addition that the local date (development)		s <u> </u>		
e TOTAL LOANS OUTSTANDING		######################################		s0-		
f, TOTAL OBLIGATIONS OUTSTANDI				s <u>-0 -</u>		
	ST THE	SOIS APR 23				
Align.		4 7176				

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD					
Vote NO on One Tennessee, Inc	FROM 01/15/15 TO: 03/31/15					
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)						
a. Unitermized Contributions (\$100 or less from each source this period)\$						
b. Ilemized Contributions (over \$100 from each source this period)	\$					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)						
14. LOANS RECEIVED THIS REPORTING PERIOD	\$_ - 6					
15. INTEREST RECEIVED THIS REPORTING PERIOD	^ _					
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$					
DISBURSEMENTS						
17. EXPENDITURES (other than loan payments)						
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by	/ category - e.g., printing, postage,					
Marketing \$ 48.1	5					
THE ENTRY S						
\$						
	11815					
Total of Expenditures (\$100 or less each payee)	s 71070 FF					
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 5-7, 1 KJ:00					
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	\$55,00316					
18. LOAN REPAYMENTS MADE THIS PERIOD						
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$20,025.10					
20. IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)	2 -					
b. Itemized in-kind contributions (over \$100 from each source this period)	-0-					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.	.)\$					
21. LOANS	-n -					
LOANS OUTSTANDING (must be shown in Item 10.e.)						
22. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)	<u> </u>					
b. Itemized Obligations Outstanding (Over \$100 each)						
c. TOTAL OBLIGATIONS OUTSTANDING (add 22 a. and 22.b.) (must be shown i iter	m 10.f.)\$					

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1 NAME OF COMMITTEE ON O	ne Temesse	e Inc		RING THE PERIOD TO: 03 1/15		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payee during the period.						
must be itemized.) First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Swaller, Ref Lawy, R Address	oscustein + Birker	LegalServ	icts	\$150.00		
1025 Vermont Avenu	Zip Code 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Amagest of Expenditure		
First Name Last Name@usiness Name Alexander's Cofer's	Middle Name	Purpose of Expenditure Outering Noh		1.121.25		
Address 5/1 Union Street City Nashville						
Eirst Name Last Name/Business Name PP - Greater Memph	Middle Name	Return of Ur Grant Func	nuscol	Amount of Expenditure		
Address 24/30 Paplar Avenue Camemonis	#100 State Zip Coole TN 356112	Cwant Fore	N S	,		
First Name LassRhamareusiness Napie	Middle Name	Return of UV	ruseal	Amount of Expenditure		
Address P.O. Box 120160		Grant Fore	45			
NOShv: 114	71 37212 Middle Name	Purpose of Expenditure		Amount of Expenditure		
PP-Middle + East Tennesser		Retern of L Grant For	nuscol	118,704,30		
Address Vantage U City Nashv: 11e	104 #102 State 1 Zig Gode 37828					
First Name Middle Name Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure		
Address						
City	State Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if ac (If this is the last page of campaign expendence)	dditional pages of this form are used.) n ilem 17b. of summary.)	4	34,975.55		